

**SECTION A: MEASUREMENT OF DIVERSION RATE**

Check each item as completed, providing attachments as applicable.

- ☐ A-1 Complete the diversion rate calculations using the Board-approved base-year generation amount and using the reporting-year disposal amount as reported from the disposal reporting system (the sum of the amounts provided from your county and from any other counties). Attach information on alternative adjustment factors used, along with hard copies of the source documents for each alternative factor should. Table A-1a is a checklist for submitting data on alternative adjustment factors.
- ☐ Information about alternative adjustment factors is provided in Table A-1a (below) and hard copies of the source documents for each alternative factor are attached.
- ☐ Attached is the Diversion Rate Calculation generated by On-Line Diversion Rate Measurement and labeled as Appendix A-1. If adjustment factors were changed from the default numbers, the sources for the alternative numbers are indicated below in table A-1a.
- ☐ If reporting-year disposal was changed from the Disposal Reporting System amount, please document the data by completing the Reporting-Year Disposal Request Certification Sheets.

**Table A-1a: Data Sources for Alternative Adjustment Method Factors**

FACTOR	ALTERNATIVE SOURCE INFORMATION
Population (# persons)	Base-Year <input type="checkbox"/> Source: _____
<input type="checkbox"/> County level	<input type="checkbox"/> Date: _____
<input type="checkbox"/> Jurisdiction level	<input type="checkbox"/> Copy enclosed
Reporting-Year <input type="checkbox"/>	Source: _____
	<input type="checkbox"/> Date: _____
	<input type="checkbox"/> Copy enclosed
Employment (# jobs)	Base-Year <input type="checkbox"/> Source: _____
<input type="checkbox"/> County level	<input type="checkbox"/> Date: _____
<input type="checkbox"/> Jurisdiction level	<input type="checkbox"/> Copy enclosed
Reporting-Year <input type="checkbox"/>	Source: _____
	<input type="checkbox"/> Date: _____
	<input type="checkbox"/> Copy enclosed
Taxable Sales (\$)	Base-Year <input type="checkbox"/> Source: _____
<input type="checkbox"/> County level	<input type="checkbox"/> Date: _____
<input type="checkbox"/> Jurisdiction level	<input type="checkbox"/> Copy enclosed
Reporting-Year <input type="checkbox"/>	Source: _____
	<input type="checkbox"/> Date: _____
	<input type="checkbox"/> Copy enclosed
Consumer Price Index	Base-Year <input type="checkbox"/> Source: _____
<input type="checkbox"/> State level	<input type="checkbox"/> Date: _____
<input type="checkbox"/> Region level	<input type="checkbox"/> Copy enclosed
Reporting-Year <input type="checkbox"/>	Source: _____
	<input type="checkbox"/> Date: _____
	<input type="checkbox"/> Copy enclosed

☐ A-2 a) Does the Board-approved **base-year generation** amount accurately represent your jurisdiction's base-year generation?

☐ Yes Go on to A-3.

☐ No Attach a discussion and label as Appendix A-2a. Go on to b.

b) If a more accurate base-year generation amount can be quantified, a jurisdiction may submit calculations for staff to consider during the Board's evaluation of your annual report. Board staff will compare the jurisdiction's default base-year to the jurisdiction's alternative base-year generation amount. Include a discussion on how this amount was derived and label this discussion Appendix A-2a. Label the diversion rate calculation attachment Appendix A-2b. Board direction only allows base-year corrections for 1997 or more recent years. Document base-year data by completing the Base-year Modification Request Certification form (CIWMB 628).

Revised Base-Year Generation = \_\_\_\_\_ tons

☐ A-3 a) Does the disposal amount, as reported from the disposal reporting system, accurately represent your jurisdiction's **reporting-year disposal** amount?

☐ Yes Go on to A-4.

☐ No Attach a discussion and label as Appendix A-3a. Go on to b.

b) If a more accurate reporting-year disposal amount can be quantified, a jurisdiction may submit calculations for staff to consider during the Board's evaluation of your annual report. Board staff will compare the jurisdiction's On-Line DRM default disposal amount to the jurisdiction's alternative amount. Include a discussion on how this amount was derived and label this discussion Appendix A-3a. Label the diversion rate calculation Appendix A-3b. Document reporting-year disposal data by completing the Reporting-Year Disposal Modification Request Certification Sheets.

Revised Reporting-Year Disposal = \_\_\_\_\_ tons.

☐ A-4. Is a regional medical waste treatment facility or a regional diversion facility located within your jurisdiction for which you have made a correction to the reporting-year disposal amount in Section A?

☐ Yes Discuss the waste types in the residual solid waste that cannot feasibly be diverted and any additional efforts undertaken to divert the waste produced at each facility. Explain why the adjustment should or should not still apply. Label attachment as Appendix A-4. Document reporting-year disposal data by completing the Reporting-Year Disposal Modification Request Certification Sheets.

☐ No

**OPTIONAL INFORMATION:**

- ☐ A-5. If a more accurate diversion rate can be quantified by a generation-based analysis and those calculations may be attached for staff to consider during the Board's evaluation. Include a discussion on how this amount was derived and label this discussion Appendix A-5. Label the diversion rate calculation Appendix A-5. Document generation-based analysis data by completing the Reporting-Year Disposal Modification Request Certification Form (CIWMB 628).

Revised Diversion Rate = \_\_\_\_\_ percent.

**SECTION B: SRRE PROGRAM IMPLEMENTATION ASSESSMENT**

Check each item as completed, providing attachments as applicable.

- ☐ B-1 Summarize the progress made in implementing planned programs for this reporting period (reporting-year or period since last reported). Please use the Planning Annual Reporting Information System (PARIS) to help us update your jurisdiction's programs and implementation status. We will mail you a copy of your PARIS list, including our notes about your programs. In the blank space under each program, or on a separate sheet, please hand write any notes to update us on any program changes. If a program is not currently on your PARIS printout, please add the program code, a description, and list it as an alternative program.

A note about the PARIS Codes: "existing" means the program was existing at the time the Source Reduction and Recycling Element (SRRE) was written. "Selected" means the program was selected to be implemented in the SRRE, and "alternative" program was implemented but not selected to be implemented in the SRRE. "Date" refers to the earliest date that the program was operating, "planned for the future" is self explanatory, "Dropped" or "never implemented" requires a reason code to explain what barrier prevented implementation. Please go through the Programs Code Glossary section to be sure all your programs are reported."

- ☐ B-2 Provide the reporting-year recycling/composting tonnages for programs funded or operated by your jurisdiction. Title 14 California Code of Regulations, Division 7, Chapter 9, Article 6.2, Section 18730 defines programs funded or operated by a jurisdiction as franchise or contract conditions, rate or fee schedules, zoning or land use decisions, disposal facility permit conditions, or activities by a waste hauler, recycler, or disposal facility operator acting on behalf of a city, county, regional agency, or local governing body, or other action by the local governing body. Label attachment as Appendix B-2.
- ☐ B-3 If needed, describe changes in your overall waste management system that may affect achievement of the diversion rate requirement. (If no changes are indicated, the Board will assume continuation of the existing.) Label attachment as Appendix B-3.
- ☐ B-4 Discuss the efforts that have been made to inform the public of the opportunities to use the programs listed on your PARIS form. Label the attachment as Appendix B-4.
- ☐ B-5 If the Solid Waste Generation Study (SWGS) needs to be revised, explain why it is not adequate and the revisions that are necessary. Label attachment as Appendix B-5.
- ☐ B-6 If the Source Reduction and Recycling Element (SRRE) needs to be revised, explain why it is not adequate and the revisions that are necessary. Label attachment as Appendix B-6.

- [ ] B-7 Describe any changes in the use of non-disposal facilities from what was planned for in the Nondisposal Facility Element (NDFE) to implement the SRRE. Label attachment as Appendix B-7.

Please see the Programs Code Glossary Section.

**SECTION C: HHWE PROGRAM IMPLEMENTATION ASSESSMENT**

Check each item as completed, providing attachments as applicable.

- ☐ C-1 Summarize the progress made in implementing planned programs for this reporting period (reporting-year or period since last reported). Please use the Planning Annual Reporting Information System (PARIS) to help us update your jurisdiction's programs and implementation status. We will mail you a copy of your PARIS list, including our notes about your programs. In the blank space under each program, or on a separate sheet, please hand write any notes to update us on any program changes. If a program is not currently on your PARIS printout, please add the program code, a description, and list it as an alternative program.

A note about the PARIS Codes: "existing" means the program was existing at the time the Household Hazardous Waste Element (HHWE) was written. "Selected" means the program was selected to be implemented in the HHWE. An "alternative" program was implemented but not selected to be implemented in the HHWE. "Date" refers to the earliest date that the program was operating. "Planned for the future" is self explanatory, and "dropped or never implemented" requires a reason code to explain what barrier prevented implementation. Please go through the Programs Code Glossary section to be sure all your programs are reported.

- ☐ C-2 Discuss the efforts that have been made to inform the public of household hazardous waste collection events or facilities. Provide examples of flyers or written public educational materials that have been distributed. Label attachment as Appendix C-2.
- ☐ C-3 Discuss the efforts that have been made to inform the public of the opportunities to use the programs listed on your PARIS form. Label the attachment as Appendix C-3
- ☐ C-4 If applicable, discuss contingency program or other measures that will be implemented to increase efforts or effectiveness to prevent disposal of household hazardous waste. Label attachment as Appendix C-4.
- ☐ C-5 If the Household Hazardous Waste Element (HHWE) needs to be revised, explain why it is not adequate and the revisions that are necessary. Label attachment as Appendix C-5.

Please see the Annual Report Checklist.

## SECTION D: SUMMARY PLAN ASSESSMENT

Check each item as completed, providing attachments as applicable.

☐ D-1 Have there been any changes in the financing of countywide or regional programs and/or facilities?

☐ Yes Attach a discussion explaining the changes and include a timetable for making revisions. Label attachment as Appendix D-1.

☐ No

☐ D-2 Are there any new cities within your county/regional agency that have incorporated since the adoption of your Summary Plan or the date of your last Annual Report?

☐ Yes Provide the names of new City(ies), date of incorporation, and population at time of incorporation:

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☐ No

☐ D-3 Examine the adequacy of the Summary Plan. Does it need revision?

☐ Yes The Summary Plan needs revision. Attach a discussion and label as Appendix D-3. Also include a time schedule for revising the Summary Plan.

☐ No

**SECTION E: SITING ELEMENT ASSESSMENT**

Check each item as completed, providing attachments as applicable.

- ☐ E-1 Describe the changes in remaining disposal capacity facility description, pursuant to California Code of Regulations (CCR) Section 18755.5, since the Siting Element adoption.
- ☐ Attach the remaining capacity description (label as Appendix E-1) that includes the following information for each facility:
- a. Name of the facility and name of facility owner and operator.
  - b. Facility permit number, permit expiration date, date of last permit review, and an estimate of remaining site life.
  - c. The maximum permitted daily and yearly rates of waste disposal, in tons and cubic yards.
  - d. The permitted types of wastes.
  - e. The expected land use for the site if site closure is expected to occur within the 15 year planning period.
- ☐ E-2 Has the county or regional agency maintained, or provided a strategy that provides for the maintenance of, 15 years of disposal capacity?
- ☐ Yes Attach a table (label as Appendix E-2) with the total disposal capacity the county or regional agency has for each year for the next 15 years, in tons and cubic yards.
- ☐ No Attach a table (label as Appendix E-2) with the total disposal capacity the county or regional agency has for each year for the next 15 years, in tons and cubic yards.
- ☐ E-3 Examine the adequacy of the Siting Element. Has the county or regional agency maintained 15 years of disposal capacity, as described in E-2 above?
- ☐ Yes (No revision necessary.)
- ☐ Yes However, revision will be needed to add new disposal sites and/or strategies. Attach a discussion of the new sites or strategies and include a time schedule for revising the Siting Element and label as Appendix E-3.
- ☐ No Attach a discussion of how additional capacity will be provided, and include a time schedule for revising the Siting Element. Label as Appendix E-3.



**SECTION F: AREAS OF CONCERN/CONDITIONAL APPROVALS**

Check each item as completed, providing attachments as applicable.

- ☐ F-1    Attach a discussion on any areas of concern that your jurisdiction was requested or required to address in the Annual Report as noted in the Board's determination of element/plan adequacy. Label attachment as Appendix F-1.
  
- ☐ F-2    If your jurisdiction had a conditional approval on any planning document, attach a discussion on any stipulations that required action as noted in the Board's determination of element/plan adequacy. Label attachment as Appendix F-2.

## SECTION G: OPTIONAL INFORMATION

We have added Section G to the Model Annual Report. This section gives jurisdictions an opportunity to provide information on specific program implementation areas to help us determine the direction in which the Board should go in the new millennium. It is important that you submit this information in your Annual Report. The information provided will help guide the Board in program development for future assistance to jurisdictions.

- 1) Does your jurisdiction use compost and/or mulch produced locally or from other areas in: local parks, playgrounds, schools, building landscaping areas, or other locations. If so, please submit an attachment, labeled as Appendix G-1, that contains a description of the use in the specific location.
- 2) As a result of local procurement policies or ordinances, is compost and/or mulch required to be purchased by local government agencies in your jurisdiction? If so, please submit a copy of the procurement policies or ordinances. Label the attachment as Appendix G-2.
- 3) Is your community implementing or considering the adoption of a food waste program in either the residential or commercial sectors? If so, please provide a discussion of your existing or planned program(s). Label the attachment as Appendix G-3.
- 4) Is your community implementing or considering the adoption of a separate collection program for green materials? If so, please provide information on the type of program ("green can," bags, loose street pickup, etc), the participation level of the community, and any ordinances mandating participation. Also, please indicate the percentage of the population served by your separate greenwaste collection program (i.e. 100 percent, 75percent, 50 percent, etc.). Label the attachment as Appendix G-4.
- 5) Has your jurisdiction focused on any specific waste material(s) that are not traditionally diverted from the waste stream? If so, please provide a summary of your program and any policies or ordinances that have been developed for implementation. Label the attachment as Appendix G-5.